

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: _____

City or Town of: _____

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) _____

Owner or Tenant _____

Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building _____

Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____New Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

Completion of the following table may be waived by the Inspector of Wires.			
No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/>	No. of Emergency Lighting	
No. of Receptacle Outlets	No. of Oil Burners	Battery Units	
No. of Switches	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond.	No. of Detection and	Initiating Devices
No. of Waste Disposers	Heat Pump	No. of Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self-Contained	Detection/Alerting Devices
No. of Dryers	Heating Appliances KW	Local <input type="checkbox"/> Municipal	Connection <input type="checkbox"/> Other
No. of Water Heaters KW	No. of Signs	Security Systems:	No. of Devices or Equivalent
No. of Hydromassage Bathtubs	No. of Motors	Data Wiring:	No. of Devices or Equivalent
	Total HP	Telecommunications Wiring:	No. of Devices or Equivalent
OTHER: _____			

Estimated Value of Electrical Work: _____

Attach additional detail if desired, or as required by the Inspector of Wires.
(When required by municipal policy.)

Work to Start: _____

Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: _____

Licensee: _____

Signature _____

LIC. NO.: _____

(If applicable, enter "exempt" in the license number line.)

LIC. NO.: _____

Address: _____

Bus. Tel. No.: _____

Alt. Tel. No.: _____

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: _____

Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent

Signature _____

Telephone No. _____

PERMIT FEE: \$ _____

Contact/Electrician: _____ Phone: (____) _____

(if different from reverse side)

Scope of Work (if different from reverse side) _____

SERVICE INSPECTION:

			Pass	Fail
Inspected by: _____	Date/Time: _____	Temp.: _____	<input type="checkbox"/>	<input type="checkbox"/>
Inspected by: _____	Date/Time: _____	Trench: _____	<input type="checkbox"/>	<input type="checkbox"/>
Inspected by: _____	Date/Time: _____	Final: _____	<input type="checkbox"/>	<input type="checkbox"/>
Inspected by: _____	Reinspection Date/Time: _____		<input type="checkbox"/>	<input type="checkbox"/>

Date/Time called National Grid to release SRE#: _____

Notes: _____

ROUGH INSPECTION:

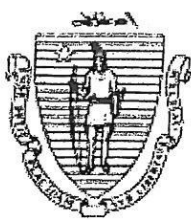
			Pass	Fail
Inspected by: _____	Date/Time: _____	Rough : _____	<input type="checkbox"/>	<input type="checkbox"/>
Inspected by: _____	Reinspection Date/Time: _____		<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

FINAL INSPECTION:

			Pass	Fail
Inspected by: _____	Date/Time: _____	Final: _____	<input type="checkbox"/>	<input type="checkbox"/>
Inspected by: _____	Reinspection Date/Time: _____		<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____



Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

